

Francis H Armstrong

Died at	Town	County	Native of			Occupation	
	North East	Cecil	Y.	M.	D.	MARYLAND	
Date 19	Month	Day					
02 Nov 28			Age	65			
Male	White	Married	Widow	Divorced		General work	
Female	Colored	Single	Widower			Number of children living	
Husband of	Julia A Armstrong						
Wife							
Father's Name	George Armstrong					Mother's Maiden Name	
Primary	Mary Clark					How long sick	
Cause of Death	Immediate	Heart attack					1 year
Reported by	B. Brewster					Accident, Suicide	

Address

3 Brewster
North

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lucy Anne Bryan

3^d dist-Died at near Elkhorn

Town

County

Caswell

MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1902	11	22	-	2	-	-	-
<input checked="" type="checkbox"/> Male	White	<input checked="" type="checkbox"/> Married	<input checked="" type="checkbox"/> Widow	<input checked="" type="checkbox"/> Divorced			
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Colored	<input type="checkbox"/> Single	<input type="checkbox"/> Widower	<input type="checkbox"/> Number of children living			

Husband of —

Wife

Father's Name

Cause of Death

Death

Reported by

Address

151

<u>Harry Bryan</u>	Mother's Maiden Name	<u>Mary Harlan</u>
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How long sick
1 week

Accident Suicide Homicide

Malnutrition

H. Arthur Mitchell M.D.

Elkhorn Twp.

Elkhorn

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mr. Foster -

This is only
to show you ~~that~~
that I will sign
certificate for baby.
You will have to
forward me a
new certificate
to sign.

Yours truly,

Hutton Mitchell

11/22/02

Name
in
Full

William F Cain

194
17th Oct

CERTIFICATE OF DEATH

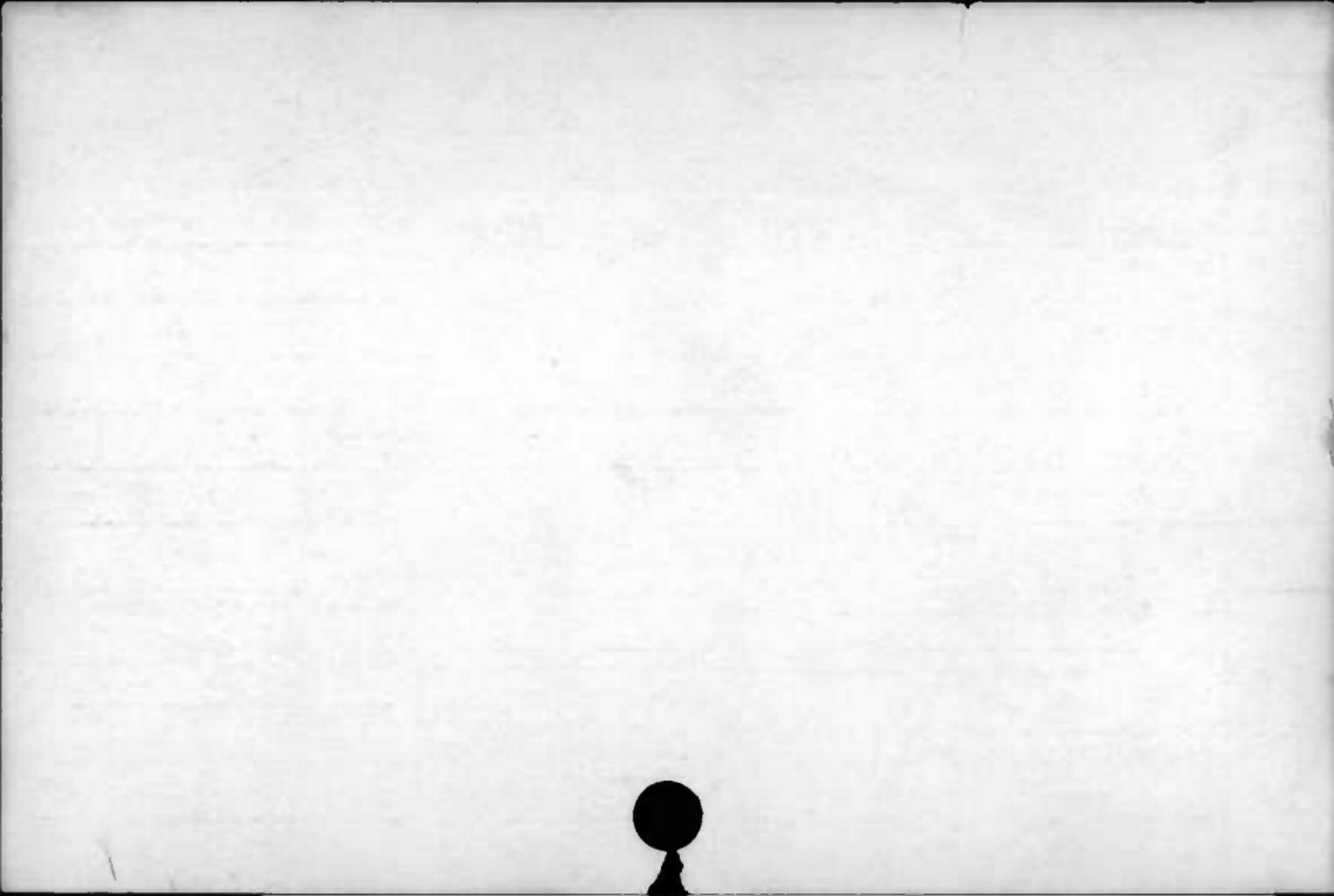
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County			
Died at	Detroit		Aetna		MARYLAND	
Date of death 1902	Month Nov	Day 9	Years Age	79	Months	Days
Sex Male	Color or Race		white		Birth-place Lazearia Pennsylvania	
Married, Single or Widowed	Occupation		Widow		Residence Daughter.	
Name of Wife or Husband			Mrs. Mary Knoe			
Father's Name			Dent Knoe		Father's Birthplace Abingdon	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving information			Miss Filler Brinker		How related to deceased Was made his home with her	

CAUSES OF DEATH

Primary	Chronic Bright's disease	80	How long	6 months
Immediate	Uremia		How long	5 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Lawrence H Cole, M.D.
		Address		Detroit, Michigan
Yes as far as I can find out.				Ind
Accident or Suicide?				



Name
in
Full

Mary E Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Mar	Day 12	Years 29	Months	Days
Sex Female	Color or Race White	Birth-place Cecil Co			
Married, Single or Widowed Married	Occupation Housewife				
Name of Wife or Husband Leon Campbell					
Father's Name Frank Stibbing	Father's Birthplace				
Mother's Maiden Name Elizabeth Pollar	Mother's Birthplace				
Name of person giving information Leon Campbell	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Puerperal Fever	3	How long ten days
Immediate	Heart failure		How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Geo. W. Slump
			Address Pungo

Accident or Suicide? X



Name
in
Full

Addie E. Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1902	Month Nov.	Dey 9	Age	Years	Months	Days
Sex Female	Color or Race	Occupation		Birth-place	Port Deposit	
Married, Single or Widowed	Single					
Name of Wife or Husband	Florence Cornish					
Father's Name	Jerome Cornish					
Mother's Maiden Name	Florence Hastings					
Name of person giving information	Florence Cornish					

CAUSES OF DEATH

PYHICIAN
OR CORONER

Primary

Cold in Breast.

How long

3 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

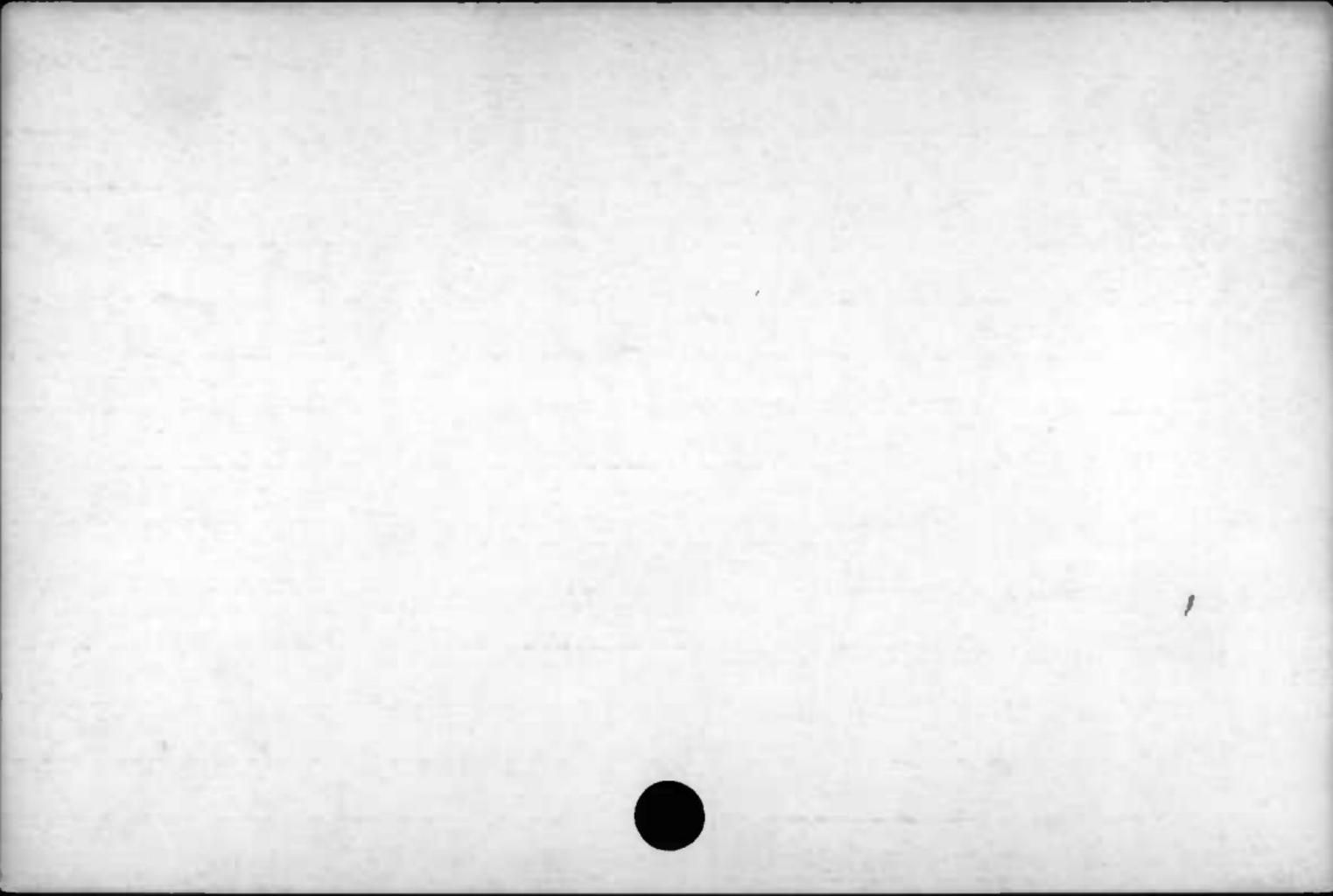
Address

Jessie L. Lewis
Under齡



Accident or Suicide?

No physician in attendance



Ranson R Crothers M.D.

Town
Colona

6th Dist County

Baltimore

MARYLAND

Died at

Date 1902

Month 11

Day 6

Y. M. D.

Age 57

Native of

Md

Occupation

Physician

Male

White

Married

Widow

Divorced

Female

~~Colored~~

~~Singe~~

Widower

Number of children living

2

Husband

of Fannie Christine

79

Wife

Father's

Name

Alpheus Crothers

Mother's
Name

Poter

Cause of

Primary

Myocardial Disease of heart

How long sick

Two weeks

Death

Immediate

Angina Pectoris

Accident, Suicide, Homicide

Reported by

John de Jennings M.D.

Baltimore Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

✓ ✓ ✓

✓

✓ ✓ ✓



Full

Charles Donnelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Occupation			
Married, Single or Widowed	Single		Ice dealer		
Name of Wife or Husband					
Father's Name	Michael Donnelly		Father's Birthplace	Ireland	
Mother's Maiden Name	Anna Lynch		Mother's Birthplace	Ireland	
Name of person giving Information	Wm H. Doyle		How related to deceased	Brother	

CAUSES OF DEATH

Primary

Fracture of base skull

How long

16

Immediate

Hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Wm N. Cawley, M.D.

Address

Canton

Accident

Accident -



Name in Full

Certificate of Death

Tone Emma . Daems.

Died at Cecil Co County Cecil MARYLAND

1902 Month Day Y. M. D. Native of Occupation
Date 1902 July 6 Age 34.11 Native of Ind Occupation
Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of Nathan Wins.
Wife

Father's Name Ascal, Feeny Mother's Name

Cause of Primary Tuber culis Lys. How long sick Several days

Accident, Suicide, Homicide

Reported by Am. Geom.

Address *Wadsworth, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs. Birthe J. Ferguson

Town

County

6th Dist.

Died at

Colorar, Cecil County

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1892 Nov. Tuesday 7th

Age 24

Pennsylvania house wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Name

How long sick

George E. G. Rampion

Sarah J. Rampion

Tubercular liver disease, 4 months

Accident, Suicide, Homicide

Reported by

W.B.R. Jordan M.D.

Address

Liberty Grove

Cecil Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Robert H. Glaser

Town *Port Deposit* County *Carroll* MARYLAND

Died at *Port Deposit*, Carroll, Maryland, Dec 24, 1902. Native of *Port Deposit*, Carroll, Maryland.

Date 1902	Month Nov.	Day 24	Age 59	Y. M. D.	Native of	Occupation
					<i>Port Deposit, Md.</i>	
Male		Married		Widow		Divorced
Female		Colored		Single		Widower
						Number of children living

Husband of *Elizabeth Ann Glaser*
 Father's Name *Joseph Glaser* Mother's Name *Sarah Ann Glaser*

Cause of Death Primary *Heart Disease* How long sick *Melancholia*
 Death Immediate *Heart Failure* Accident, Suicide, Homicide

Reported by *D. C. Fisher*

Address *Port Deposit, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____

of _____

Catherine Harman

Died at	Town Bald Friar	County Cecil	8th Dist	MARYLAND
Date	Month 1902 Male	Day 11 23	Y. M. D.	Native of U.S. Housewife
	White	Age 65	Married	Occupation Divorced
	Colored		Single	Number of children living 8

Husband of

Wife

Father's

Name

Benjamin Harman

Balders Waller

Mother's

Name

Elizabeth Waller

Cause of

Primary

How long sick

1 hour

Death

Immediate

Apoplexy

Lat

Accident, Suicide, Homicide

Reported by

D. M. Hogan M.D.

Address

Conowingo Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Richard Hutchinson Jr.

CERTIFICATE OF DEATH

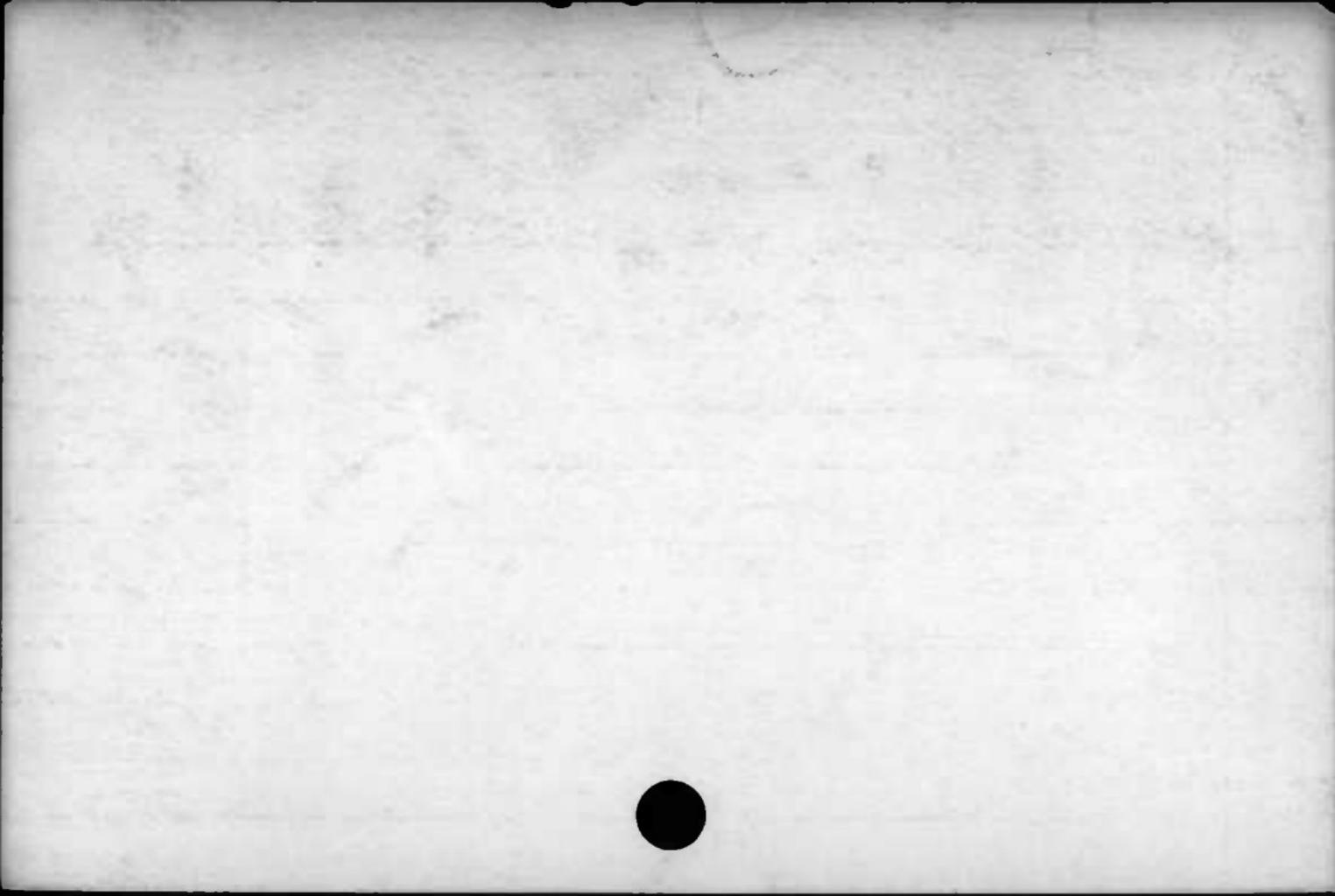
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Nov	Day 23	Age 42	Years	Months Days
Sex male	Color or Race Col.	Occupation Barber	Birth-place Elkton		
Married, Single or Widowed married					
Name of Wife or Hattie Maltie Hutchinson					
Father's Name Richard Hutchinson				Father's Birthplace	
Mother's Maiden Name Mary E. Wilson				Mother's Birthplace	
Name of person giving Information Frank Hutchinson				How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright Disease 1920	How long
Immediate	Heart failure	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Dr. D. Cawley M.D.
		Address Elkton Md.
Accident or Suicide?		



Name
in
Full

Adda Jackson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County	
Died at	Bear Penngville	Cecil	
Date of death	Month	Day	Years
1902	July	22	Age 28
Sex	Color or Race	Occupation	
Female	White	Married	
Married, Single or Widowed			
Name of Wife or Husband	W Scott Jackson		
Father's Name	Lewis Todd	Father's Birthplace	Cecil Co
Mother's Maiden Name	Margaret Abrams	Mother's Birthplace	Cecil Co
Name of person giving information	W Scott Jackson	How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

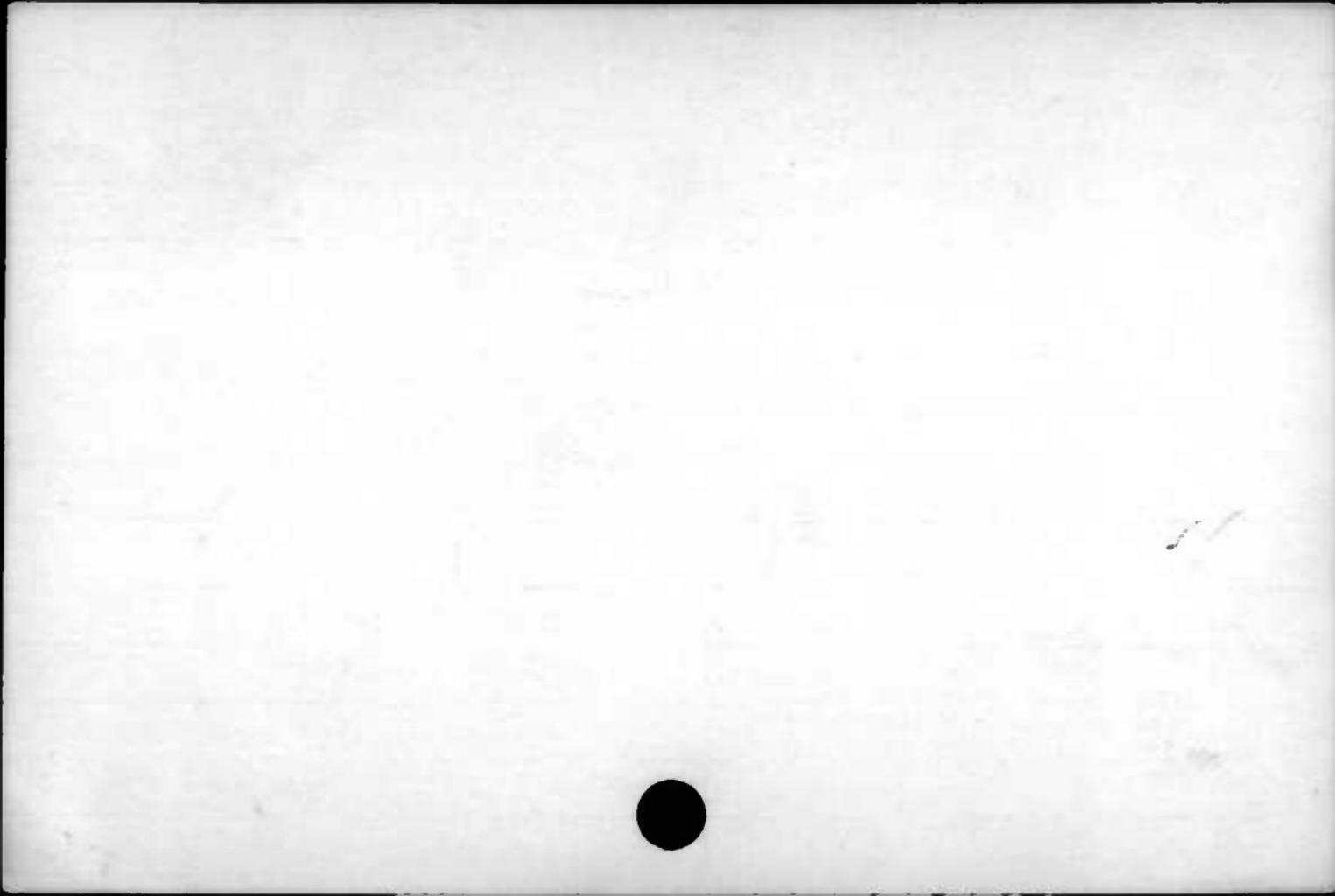
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name in Full

Certificate of Death

Huldah Jones Headley Jones

Town

Rising Sun 6th dist

County

Baltimore

MARYLAND

Died at

Date 19

02

Month

Day

Y.

M.

D.

Native of

Pikes

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Thomas Jones

John Michael

Mother's

Maiden Name

bx

Cause of

Primary

Atherosoma

How long sick

Death

Immediate

Hemorrhage of Brain

Accident, Sickle, Hemorrhage

Reported by

John H. Jeanneret
Rising Sun 2nd.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Thur 6 November

Name
in
Full

Susannah J Kirk

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Woodlawn	Cecil			
Date of death	Month	Day	Years	Months	Days
1902	Nov	20	38	—	—
Sex	Female	Color or Race	white	Birth-place	Cecil Co
Married, Single or Widowed	Married	Occupation	Housewife		
Name of Wife or Husband	H H Kirk				
Father's Name	Edward Jackson				
Mother's Maiden Name	Susannah Gillespie				
Name of person giving information	H H Kirk				
How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

tuberculosis

27

How long

Immediate

strangulation

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. F. Brown M.D.
Woodlawn Md.

Accident or Suicide?



Name
in
Full

Peter Millburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Elkton -	Baltimore			
Date of death 1902	Month Nov	Day 10	Years 72	Months	Days
Sex Male	Color or Race col's	Birth-place —			
Married, Single or Widowed	Marian	Occupation Carter -			
Name of Wife or Husband	Rebecca Millburn				
Father's Name	Peter Millburn		Father's Birthplace		
Mother's Maiden Name	Rebecca Gibbs		Mother's Birthplace		
Name of person giving Information	Rebecca Millburn 190 wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Arterio Sclerosis + Nephritis

How long
—
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A. A. Mitchell MD

Address

Elkton Md

J

Accident or Suicide?

†
1:



Mr. Jacob Morrison ~~of~~

Town

County

MARYLAND

Died at

Liberty Grove, Cecil Co.,

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

11 16

Age 89

I.

Maryland

Oron

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Mrs Elizabeth Morrison

Wife

Father's

Name

Mr. Robert Morrison Maiden Name Latisia McElwee

Cause of

Primary

Old age - secondly

How long sick

3 months

Death

Immediate

Intra Capillary festering ^{stomach} left

Accident, Suicide, Homicide

Reported by

S. J. Rossman

154

Address

Baltimore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Belle Pierce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>West Anwell</u>		County <u>Occoneechee</u>		MARYLAND		
Date of death 1902	Month Nov	Day 6	Years Age 26	Months	Days	
Sex Female	Color or Race Colored			Birth-place Unknown		
Married, Single or Widowed Married	Occupation Housewife					
Name of Wife or Husband Joseph Pierce						
Father's Name Scribner or	Father's Birthplace					
Mother's Maiden Name Mary E Bradshaw	Mother's Birthplace					
Name of person giving information Mary E. Bradshaw	How related to deceased Mother					

CAUSES OF DEATH

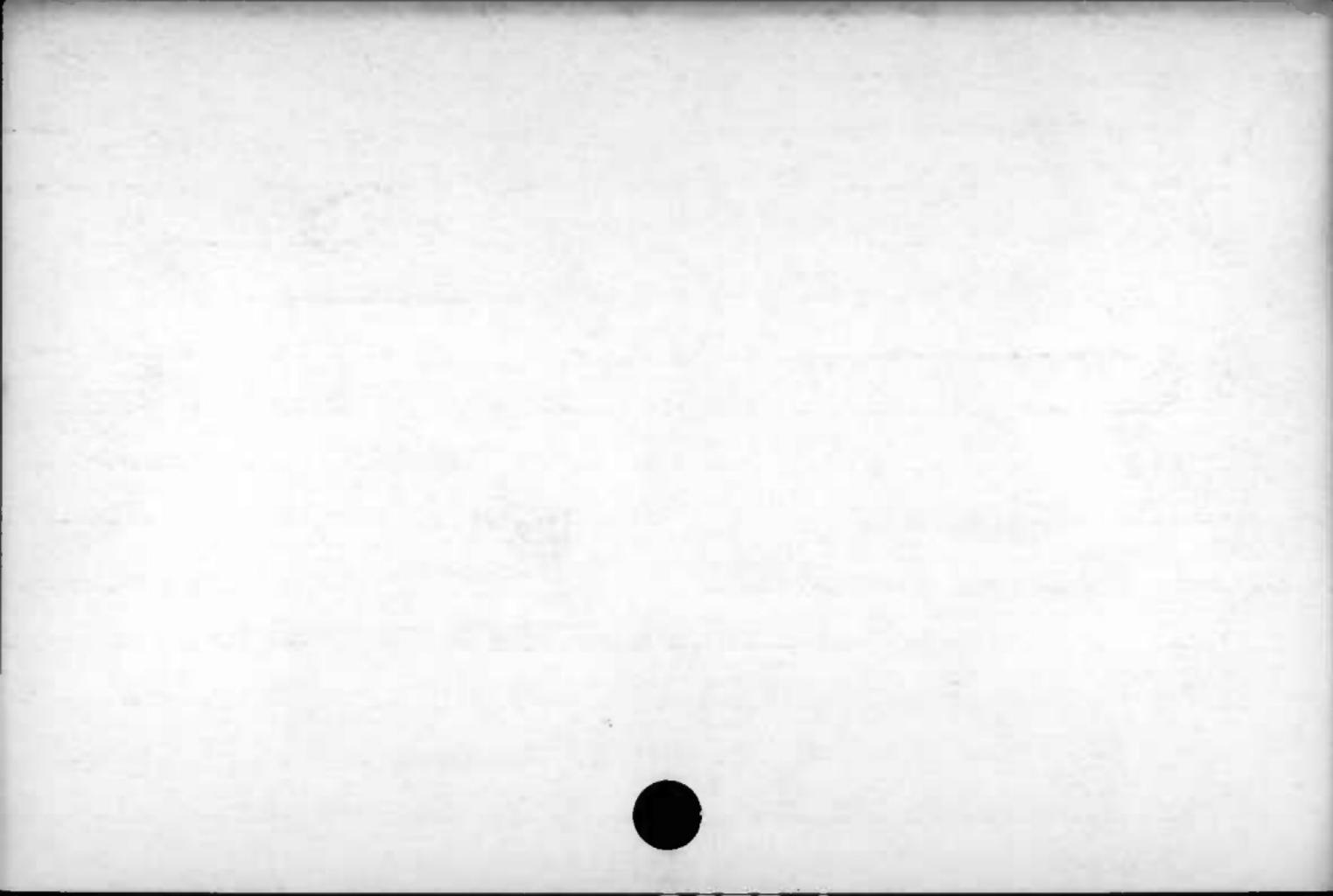
PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	16 mos
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Howard Brallor

J

Accident or Suicide?

Address



701

Korville Reynolds

Town County Native of Occupation
 Died at Rising sun Cecil 6th Dist MARYLAND

Date 19	Month	Dey	Y.	M.	D.	Native of	Occupation
1902	4	14		1		Md	-
	Male	White	Age	Married	Widow	Divorced	
	Father's	Colored		Single	Widower	Number of children living	

Husband
of

Wife

Father's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

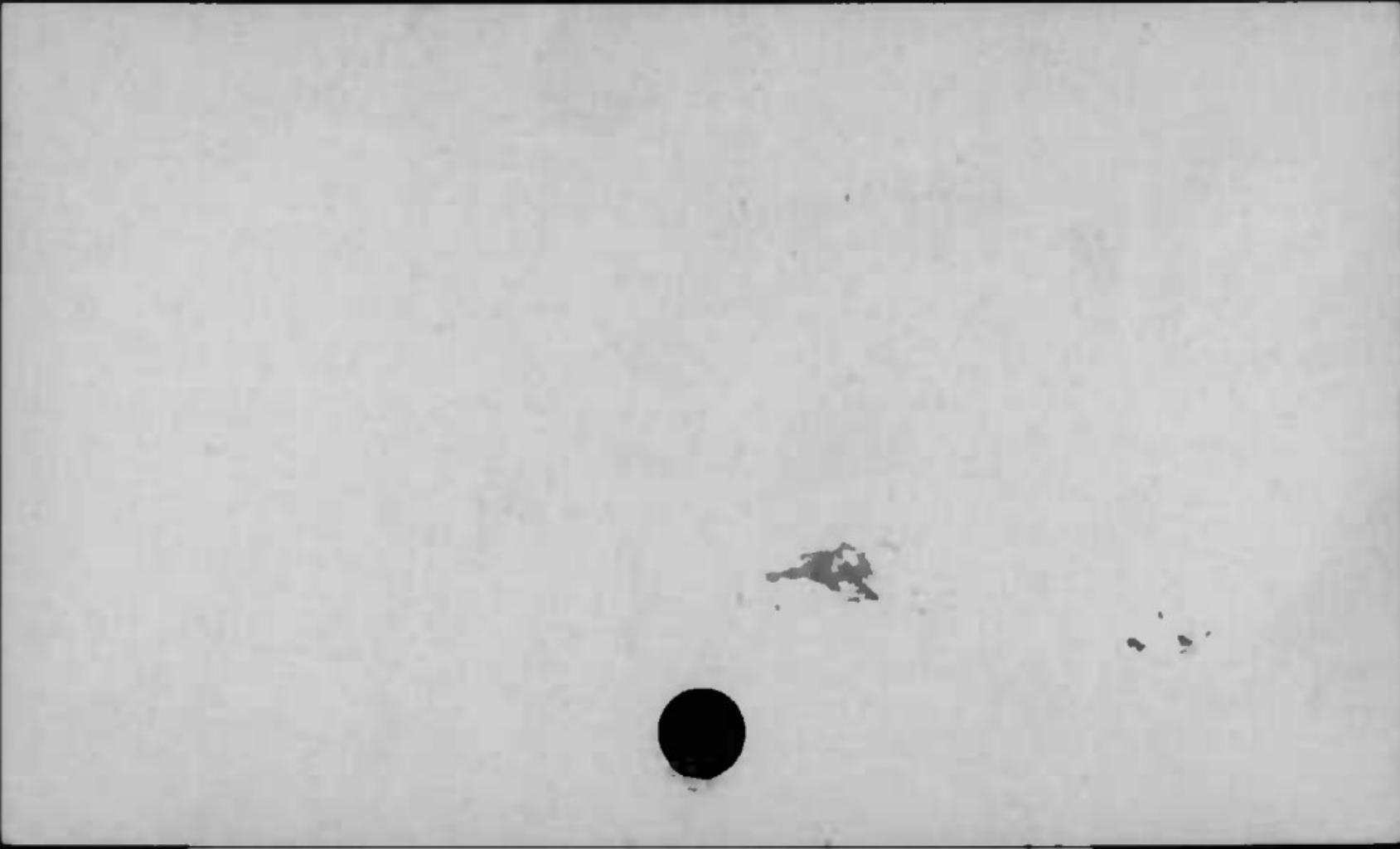
Mother's
Maiden Name

How long sick

2 days

Accident, Suicide, Homicide

Garrison Reynolds



Name
in
Full

Jacob Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>Evening</u>	Town	County	MARYLAND
Date of death 1902	Month <u>Mar</u>	Day <u>4</u>	Age Years <u>94</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation	Birth- place
Married, Single or Widowed <u>widow</u>			
Name of Wife or Husband <u>Eleanor Johnson</u>			
Father's Name <u>James Scott</u>	Father's Birthplace		
Mother's Maiden Name <u>Elizabeth Bassett</u>	Mother's Birthplace		
Name of person giving Information <u>Jacob Scott</u>	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

old age, 154—5 days

Immediate

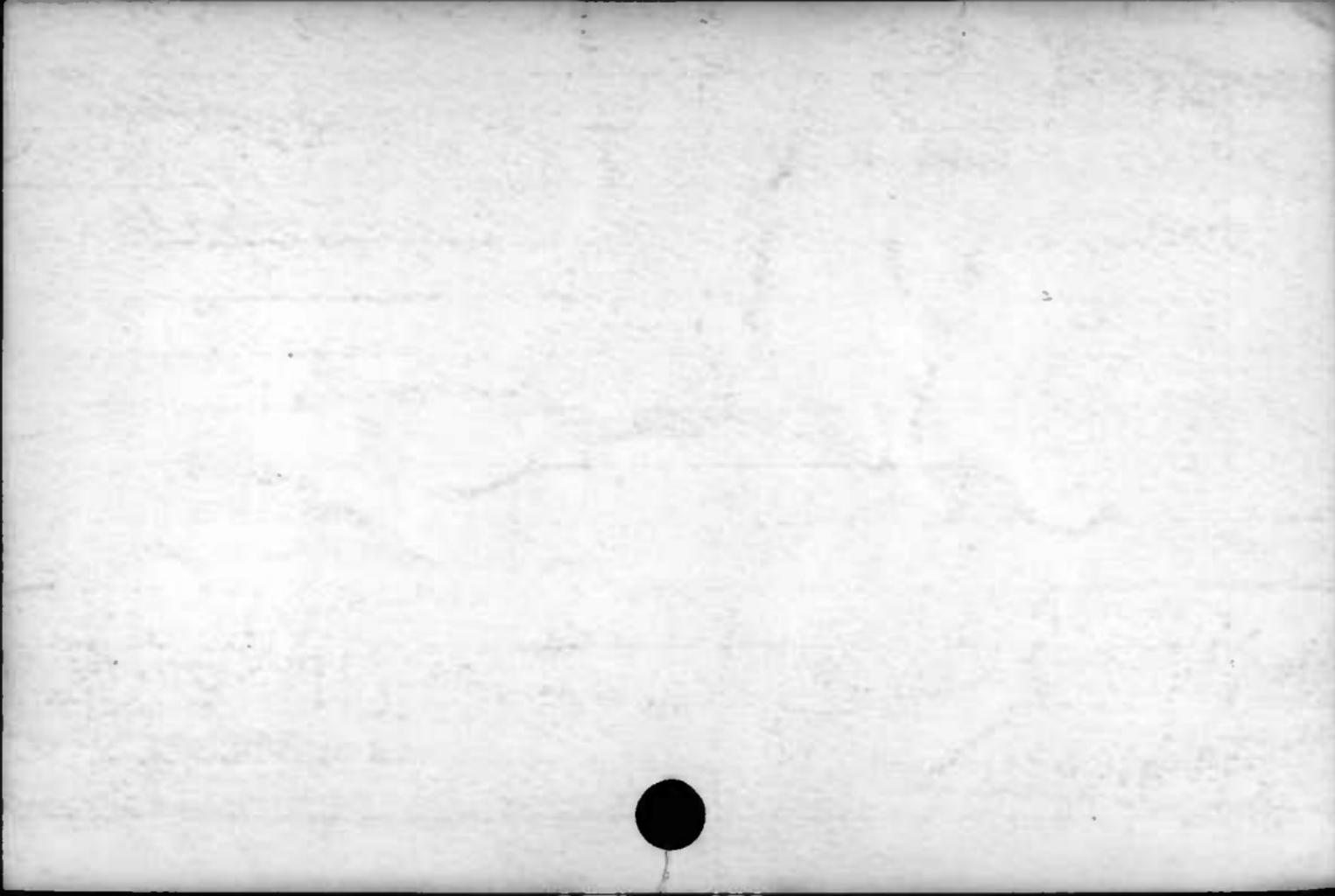
InjuriesAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

H. Arthur Mitchell Jr.
Elkhorn Md.

Accident or Suicide?

J



Name
in
Full

Marion Sentman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Perryville	Cecil				
Date of death	Month	Dey	Years	Months	Days	
1902 Nov	2	8	5-	-	-	
Sex	Male	Color or Race	White	Birth-place	Perryville	
Married, Single or Widowed	—	Occupation		—		
Name of Wife or Husband	—					
Father's Name	Alexander Sentman	Father's Birthplace		Cecil Co		
Mother's Maiden Name	Addie Gillespie	Mother's Birthplace		Cecil Co		
Name of person giving information	Alexander Sentman	How related to deceased		Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus + 179

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo. M. Stump
Perryville

Accident or Suicide?

(7)



Joshua O'Flanley.
 Town _____
 County _____
 Died at *New Ches. City* State *Mass.*

MARYLAND

Date	Month	Day	Age	Y. M. D.	Native of	Occupation
<i>1802</i>	<i>Nov</i>	<i>30</i>	<i>53</i>	<i>5. 3</i>	<i>Massachusetts</i>	
Male	White	Married		Widow	Divorced	
Female	Colored	Single		Widower	Number of children living	

Husband
of

Wife

Father's

Name

Mother's

Name

93

Cause of Death	Primary	How long sick
Immediate	<i>Croup followed by Pneumonia for 8 days</i>	

Accident, Suicide, Homicide

Reported by

Address 

Dr J T Wallace
Ches. City, Mass.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

DATA SHEET



Name
in
Full

Walter G Stricker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

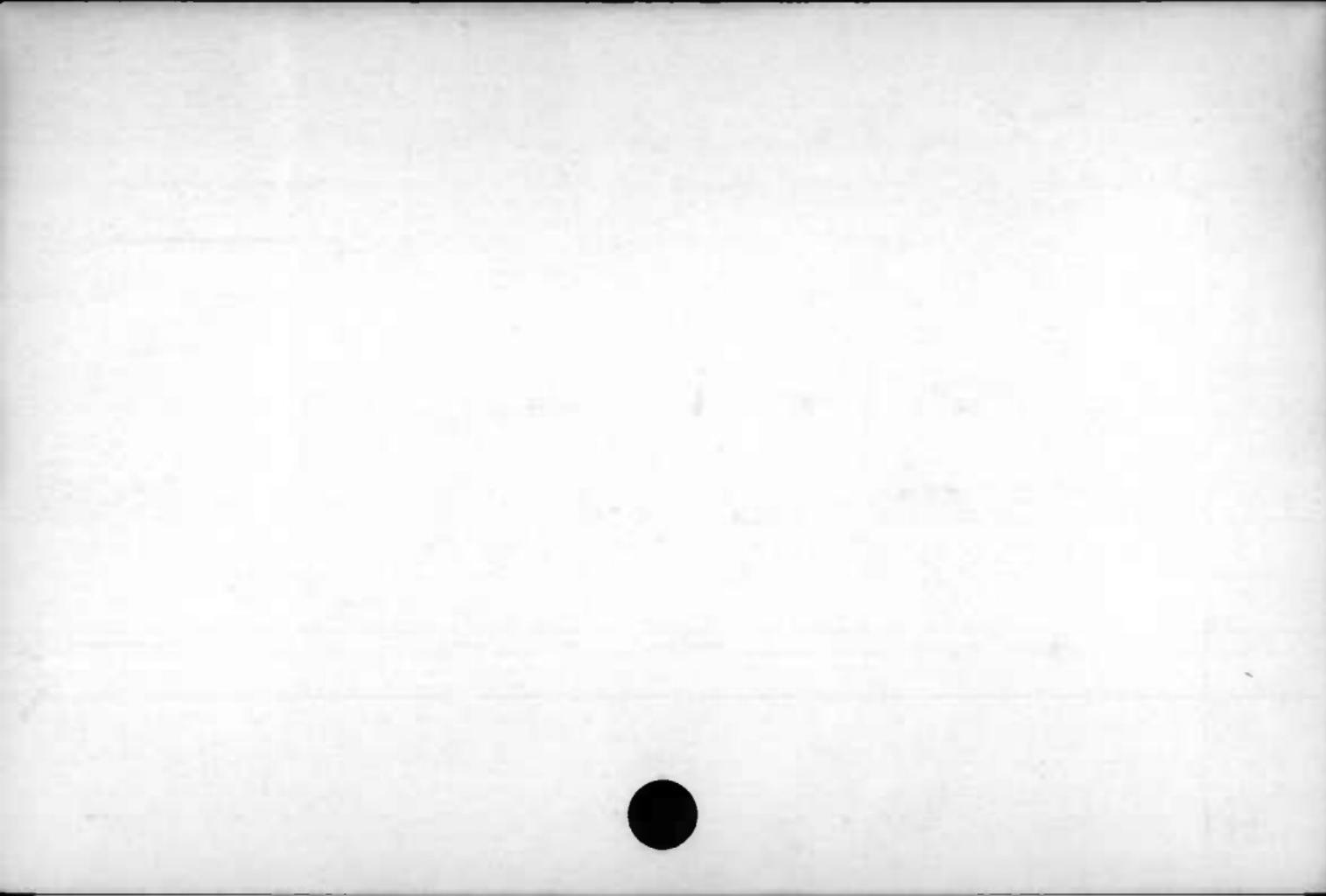
Died at	Town	County		MARYLAND	
Date of death 1902	Month Jan	Day 22	Years	Months 3	Days
Sex Male	Color or Race White	Birth- place Principio Furnace			
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name Burton Stricker			Father's Birthplace Cecil Co		
Mother's Maiden Name Lula Jackson			Mother's Birthplace "		
Name of person giving Information Burton Stricker			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Consumption of Brainition	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

H. E. Brown M.D.
Principio Ind.



Name
in
Full

Augustus Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1902	Month Nov	Day 21	Age 22	Years	Months 11	Days
Sex Male	Color or Race Col.	Occupation Labor		Birth-place Cecil Co.		
Married, Single or Widowed Single						
Name of Wife or Husband						
Father's Name William A. Walker						Father's Birthplace Pa.
Mother's Maiden Name Emma Finch						Mother's Birthplace Pa.
Name of person giving information William A. Walker						How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Supposed to have been killed by Can.	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Dr. D. Cawley M.D.
Yes.	Address	Elkton Md.
Accident date		

7

